HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
Frank, Clayton A.	Department of Public Safety Director TERM OF OFFICE (Begin/End):
	05/21/2007 / 12/31/2010

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Department of Public Safety Halawa Correctional Facility 99-901 Moanalua Road Aiea, Hawaii 96702	F	Warden

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
			STAIM	Ž
			TAN OF ETHICS	= = =
			OF LAW	7
			COMMISSIO	
[X]Chec	k here if entry is None	[]	Check here if additional she	ets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST T PERIOD	RANSFERRED DURING TI	HIS DISCLOSURE	DATE OF TRANSFER
[X]Chec	k here if entry is None	EM 4: CREDITORS]Check here if addition	al sheets are attache
ist the na	me of each creditor to whom the value of \$3,00 nt outstanding. Exclude debts from retail install	00 or more was owed during	the disclosure period and	d the original amount
F,SP, DC,JT	NAME OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Bank of Hawaii		D	С
]Chec	k here if entry is None]]Check here if additions	al sheets are attache
st every ganizatio	ITEM 5: OFFICERSHII officership, directorship, trusteeship, or other fid on, the term of office, and the annual compensa	PS, DIRECTORSHIPS, T luclary relationship held duri tion.	RUSTEESHIPS ing the disclosure period	in any business or
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
(]Check	there if entry is None		Check here if additiona	I sheets are attache

	k here if entry is None		[]Check here	if additional sheets are attach
iistea.	ITEM 7: INTERESTS IN REAL PROPERTY Asts in real property in or outside of the State acquired all property that is your personal residence or the personal residence or the personal residence.	rsonal res	ED, EXCLUDING PERSO	NAL RESIDENCE/C)
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER TAX MAP KEY NUMBER EXISTS)		AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
ITE	here if entry is None EM 8: INTERESTS IN REAL PROPERTY TRA s in real property in or outside of the State transferre eal property that was your personal residence or the	NSFERI	RED, EXCLUDING PERS	additional sheets are attached
F,SP,	STREET ADDRESS AND TAX MAP KEY		- Spouse of	dependent children need not b
DC,JT	NUMBER (IF TAX MAP KEY NUMBER EXISTS)	CON	UNT & NATURE OF SIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
You				
M D-201	ere if entry is None		[]Check here if a	dditional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)

VALUE

STREET ADDRESS

DC,JT

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation

during the disclosure period, excluding clients represented before courts. NAME OF CLIENT NAME OF STATE AGENCY [X]Check here if entry is None []Check here if additional sheets are attached ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more. F,SP,DC,JT NAME AND ADDRESS OF BUSINESS **NATURE OF BUSINESS** NATURE OF **VALUE INTEREST** [X]Check here if entry is None []Check here if additional sheets are attached CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information

SIGNATURE June 4, 2007

DATE

is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.